

15/5/2010

LKK:

IDAC:

INS. CASE OWNER:

CC /AIG18001

## ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II :S\$ D.O.A : :

Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | STAGE                             | DATE/ PIC                           |
|------------|-----------------------------------|-------------------------------------|
|            | Non-Reporting ltr (1st):          |                                     |
|            | Non-Reporting ltr (2nd):          |                                     |
|            | Non-Reporting ltr (Final):        |                                     |
|            | Notification ltr (if non-pickup): |                                     |
|            | Call OI:                          |                                     |
|            | After call ltr to OI:             |                                     |
|            | Documentation Check List:         | Handler Typist                      |
|            | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|            | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|            | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            | Release Voucher:                  | <input checked="" type="checkbox"/> |
|            | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            | Car Rental Invoice:               | <input type="checkbox"/>            |
|            | Towing Invoice                    | <input type="checkbox"/>            |
|            | LTA / GIA :                       | <input checked="" type="checkbox"/> |
|            | Medical Bill:                     | <input type="checkbox"/>            |
|            | PIR:                              | <input type="checkbox"/>            |
|            | Mandate/Reject Instruction:       | <input type="checkbox"/>            |
|            | LOD                               | <input checked="" type="checkbox"/> |
|            | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            | Post-Repair Photos:               | <input type="checkbox"/>            |
|            | Others:                           | <input type="checkbox"/>            |

|                                                                                |                                                                                      |                                                              |                         |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------|
| PRELIMINARY ADVICE                                                             |                                                                                      | Date/Time:                                                   | Sent By:                |
| FINALIZATION                                                                   |                                                                                      | Date/Time:                                                   | Confirm with:           |
| Repair Cost: L/S S\$ 5,700 ( 6 days) Reduction: 9,645.60/ 63%                  |                                                                                      | Email <input type="checkbox"/> Call <input type="checkbox"/> |                         |
| FINAL SETTLEMENT                                                               |                                                                                      | Date/Time: 18/8/2020                                         | Confirm with KEITH      |
| Final Liability:                                                               | % 100 (Agreed / Assessed)                                                            | If NO or B 28, Ass. Lia : 0                                  |                         |
| Repair Cost: (w/GST)                                                           | S\$ 6,099.00                                                                         | 4 VEH CC, OI 2ND VEH                                         |                         |
| Loss of Rental (LOR):                                                          | S\$ ( days)                                                                          |                                                              |                         |
| Loss of Use (LOU):                                                             | S\$ 360.00 (\$ 60 x 6 days)                                                          |                                                              |                         |
| Loss of Income (LOI):                                                          | S\$ (\$ x days)                                                                      |                                                              |                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                              |                         |
| GIA/I.TA Search                                                                | S\$ 7.45                                                                             | 1) Claim status: Normal/Reject/Private Settle                |                         |
| Medical:                                                                       | S\$                                                                                  | 2) Report Format: TP                                         |                         |
| Disbursement:                                                                  | S\$ (e.g. Tow/ Independent )                                                         | 3) Survey fee: \$320                                         |                         |
| Legal Cost                                                                     | S\$                                                                                  |                                                              |                         |
| Total:                                                                         | S\$ 6,466.45                                                                         | Global Sum S\$: 6,460.00                                     |                         |
| FINAL PAYMENT                                                                  |                                                                                      | Date/Time:                                                   | Confirm with:           |
| Payee 1:                                                                       | S\$ 6,460.00                                                                         | Name 1:                                                      | TEAMWORK GARAGE PTE LTD |
| Payee 2: (Strike if N.A.)                                                      | S\$                                                                                  | Name 2:                                                      |                         |
| Payee 3: (Strike if N.A.)                                                      | S\$                                                                                  | Name 3:                                                      |                         |